



TFW 3762

PTO/SB/21 (07-06)

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MODIFIED TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Reissue Number	09/143,503
	Reexamination Number	90/004,946
	Filing Date	08/28/1998
	Filing Date	03/23/1998
	First Named Inventor	Robert D. Ainsworth
	Art Unit	3762
	Examiner Name	Sharon E. Kennedy
Attorney Docket Number	11770US03	
Attorney Docket Number	11770US02	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>George Wheeler</i>
Printed Name	George Wheeler
Date	February 5, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 5, 2007.

Name (Print/type)	George Wheeler	Registration No. (Attorney/Agent)	28,766
Signature	<i>George Wheeler</i>	Date	February 5, 2007

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <div style="text-align: center; font-size: 1.5em; font-weight: bold;">FEE TRANSMITTAL</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">for FY 2005</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">MODIFIED</div>		Complete if Known					
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> OIP FEB 08 2007 PATENT & TRADEMARK OFFICE </div> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		Reissue Number	09/143,503				
		Reexamination Number	90/004,946				
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TOTAL AMOUNT OF PAYMENT (\$) 450.00		Art Unit	3762				
		Attorney Docket No.	11770US03				
		Attorney Docket No.	11770US02				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES	EXAMINATION FEES			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES				Small Entity			
<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee (\$)</u>		
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				200	100		
Multiple dependent claims				360	180		
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
_____ -20 or HP		x	=	_____ <u>Fee</u> _____ <u>Fee Paid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ -3 or HP		x	=	_____ <u>Fee</u> _____ <u>Fee Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____ -100	_____ /50	_____ (round up to a whole number)		x	_____ = _____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				_____			
Other (e.g., late filing surcharge): <u>Petition For 2 Month Extension Of Time</u>				450.00			

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	28,766	Telephone	(312)775-8000
Name (print/type)	George Wheeler			Date	February 5, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark